Intimate Partner Violence among Latino Pregnant Teens and Their Partners: Testing a Prevention Program

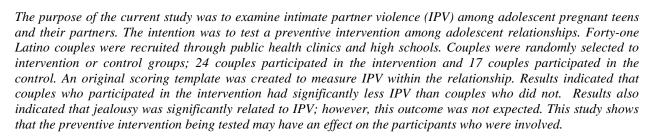
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Abstract



Introduction

Nationwide, intimate partner violence (IPV) is a problem that affects many people. There are an estimated 1.5 million women in the United States, who are eighteen and older, who are raped or physically assaulted by an intimate partner (Tjaden & Thoennes, 2000), including over 320,000 women who were also pregnant at the time (Gazamarian, Peterson, Spitz, Goodwin, Saltzman, & Marks, 2000). IPV is a serious problem that needs attention to be resolved, and it occurs against both men and women in a relationship. Typically however, the majority of the violence is against the female partner (World Health Organization, 2002). Throughout the literature, IPV is defined as physical violence, threats of physical or sexual violence, psychological and emotional violence, and sexual violence; and in some cases stalking is included as part of the definition (Center for Disease Control, 2006). There are many other costs involved in IPV; in a study conducted by the Department of Health and Human Services, costs of IPV were examined, including medical (2 million injuries, and close to 1,300 deaths) and mental health care costs (18.5 million mental health care visits) (National Center for Injury Prevention and Control, 2003). The World Health Organization has also conducted a study examining the relationship between IPV and alcohol. An interesting aspect mentioned in the research is that the children who witness violence between their parents are more likely to develop violent and delinquent behaviors (World Health Organization, 2006). The National Coalition Against Domestic Violence reports that four to eight percent of women experience domestic violence during their pregnancy (Gazamarian, et al., 2000). The effects of this violence, both physical and non-physical, have the potential to affect the mother and the unborn baby. This same research study also shows domestic violence during pregnancy being linked to other unwanted effects such as depression, substance abuse, smoking, amnesia, first and second trimester bleeding, and the reduction in birth weight (Parker, McFarlane, & Soeken, 1996; McFarlane, Parker, & Soeken, 1996). IPV during pregnancy can cause a wide range of unwanted effects, and could also lead to other forms of violence. The World Health Organization reports that in intimate relationships there are often other forms of violence involved besides physical violence such as psychological abuse, and sexual violence (World Health Organization, 2006). This particular study was conducted with adult participants; researchers could apply these results while examining IPV among adolescent relationships more closely.

Although there is a fair amount of research on adult relationships and IPV, more research is needed to examine adolescent relationships and IPV. Much of the current research throughout the literature examines violence after it has already occurred, future research would validate the need for preventive interventions. The National



Coalition Against Domestic Violence conducted a research study where nearly thirty percent of pregnant teens reported physical violence with their boyfriends (Brustin, 1995). In nearly fifty percent of these cases, females stated that the violent behavior began or increased after the partner learned about the pregnancy (Brustin, 1995). The National Coalition Against Domestic Violence reports that domestic violence is a frequent occurrence during dating relationships. Female partners in the relationship, ranging in age from sixteen to twenty-four, experience the highest rates of domestic violence (Rennison, 2001). This statistic must not go unnoticed as these patterns may develop and increase in severity. Noticing this behavior early in the development process would allow researchers to further examine the problem and take needed steps toward prevention and intervention measures. Otherwise, this type of behavior could have much more serious consequences. Physical violence is also much more prevalent in relationships where the pregnancy was unplanned as opposed to being planned. In a study by the National Coalition Against Domestic Violence, women with unplanned pregnancies were two to four times more likely to experience physical violence during their relationship than their counterparts with planned pregnancies (Gazamarian, et al., 2000). Until the age of twenty-five, pregnancy can be a risk-factor for partners in a relationship after which pregnancy becomes a protective factor. Before the age of twenty-five partners may not be able to support a child financially or emotionally, but are better prepared to do so as they get older. Finally, in a study conducted by Moore, Florsheim, and Butner (2007), adolescent co-parenting couples' relationships were examined to identify predictors of relationship outcomes (e.g., hostile, warm, etc.). Our study has relevance to the study conducted by Moore, et al. as similar methodology was used. In their study, Moore, et al. interviewed young co-parenting couples during the transition to parenthood.

Even less research has been conducted in the area of Latinos and IPV. Tjaden and Thoennes (2000) conducted a survey for the U.S. Department of Justice. The National Violence Against Women Survey assessed intimate partner violence in three ways: rape, physical assault, and stalking. In this study little difference was found in Latino women's reports of intimate partner physical assault and stalking, compared to non-Latino. However, the study did find a significant difference in Latino women's report of rape, compared to non-Latinos. This same study found no significant difference in reports if intimate partner violence between Latino and non-Latino men. There is a need for this type of research because this information could then be applied and used as preventative measures in the future, leading to future research studies examining violence between other specific groups.

The purpose of this study is to examine IPV among Latino adolescent expectant couples. Specifically, this study will be to examine physical and non-physical violence, jealousy, and positive conflict resolution. This researcher is interested in examining the intervention effect on the Latino adolescent couples.

Participants in this study consisted of Latino adolescent expectant couples. Female partners ranged in age from fourteen to eighteen. Male partners ranged in age from fourteen to twenty-four. Participants took part in multiple interviews. Audio information was collected and used from the interviews.

We were interested in examining IPV among these Latino couples. Couples were independently interviewed at Time 1 (pre-intervention, before the baby is born) and Time 2 (8-12 weeks post-birth). We expected a decrease in violence over time, both physical and non-physical, among couples who participated in the intervention and couples who were not part of the intervention. Additionally, we expected that higher rates of jealousy at Time 1 would predict higher rates of IPV at Time 2.

Method

Participants

Participants for this study include a subsample, drawn from a larger research study of pregnant and parenting adolescents (Florsheim, Hall, Gaskill, McArthur, & McElligott, 2007; Florsheim & McElligott, 2004; Florsheim, McElligott, Buchi, & Burrow-Sanchez, 2005; White & Florsheim, 2003). This study focuses exclusively on participants who self identify as Latino or Hispanic. Forty-one Latino adolescent couples, 82 total participants, were included in this study. Seventeen couples were part of the control group, and twenty-four couples participated in the intervention. Couples were selected at random to participate in either the intervention or control. Female partners ranged in age from 14 to 18 (M = 18.83; SD = 2.20), and male partners ranged in age from 14 to 24 (M = 16.37; SD = 1.24). Participants were identified and recruited through prenatal health care service providers and high schools providing services for pregnant and parenting teens.

Procedure

Couples completed two interviews which were documented using audio recordings. Interviews were conducted prior to child birth (Time 1) and about 8 weeks after the birth of the baby (Time 2). Participants were compensated for their time (\$40.00 per person per interview). The protocol for the study was approved by the University of Utah Institutional Review Board. All participants 18 year and older were consented. Participants under 18 were assented and parent permission was obtained. All interviews were recorded to capture verbatim answers, which were later used for the purpose of coding. For a more detailed description of the intervention, please contact the author at albertvarela@u.boisestate.edu.

Measures

Participants were independently interviewed for approximately one hour, using the Young Parenthood Study Interview at Time 1 and Time 2 (Florsheim, 2004). At each time, participants were asked questions about their relationship. Questions relevant to the current study include: general relationship questions and conflict resolution questions. Coding Schemes:

- 1. Jealousy: Jealousy was coded using a simple 3 point scale; in which 0 reflected no evidence of jealousy and 3 reflected the most serious jealousy. The anchor points used for this coding scheme were developed after reviewing previous research on jealousy, including measures obtained from (Bordeaux, 2005; Bringle, Roach, Andler, & Evenbeck, 1979). The coder was blind to intervention status and 7 of the 164 interviews were independently coded by a second researcher.
- 2. Conflict Resolution Skills: Conflict resolution was coded using a simple 0-2 point scale, in which 0 reflected low evidence of conflict resolution skills and 2 reflected high conflict resolution skills. The anchor points used for this coding scheme were developed after reviewing previous research on conflict resolution skills, including measures obtained from (Davis, Capobianco, & Kraus, 2004). The coder was blind to intervention status and 7 of the 164 interviews were independently coded by a second researcher.
- 3. Verbal Aggression: Verbal aggression was coded using a simple 0-3 point scale, in which 0 reflected no evidence of verbal aggression and 3 reflected the most serious form of verbal aggression. The anchor points used for this coding scheme were developed after reviewing previous research on verbal aggression, including measures obtained from (National Center for Injury Prevention and Control, 2006; National Coalition Against Domestic Violence, n.d.-a, n.d.-b). The coder was blind to intervention status and 7 of the 164 interviews were independently coded by a second researcher.
- 4. Physical Aggression: Physical aggression was coded using a simple 0-5 point scale; in which 0 reflected no evidence of physical aggression and 5 reflected the most serious form of physical aggression. The anchor points used for this coding scheme were developed after reviewing previous research on physical aggression, including measures obtained from (National Center for Injury Prevention and Control, 2006; National Coalition Against Domestic Violence n.d.-a, n.d.-b). The coder was blind to intervention status and 7 of the 164 interviews were independently coded by a second researcher.

The coding templates were first pilot tested by other researchers to test for reliability. After the pilot testing was complete, coding for interviews of the current study began. During the actual coding of interviews used for this research study, a co-investigator conducted coding of the same interviews to test for reliability. Please feel free to contact the author for more information regarding the coding schemes.

Results

Repeated measures ANCOVA was used to test the hypothesis that couples who participated in the intervention would have lower IPV scores at Time 2, than couples in the control group. In this analysis, combined IPV scores were the within subjects variable; and treatment group status was the between subjects variable. Results indicated that couples who participated in the intervention did in fact have lower IPV scores at Time 2 than couples in the control group, F(1, 36) = 4.05, one tailed p < .05. Figure 1 illustrates the nature of the interaction between treatment status and IPV scores over time.

Repeated measures ANCOVA was also used to test the hypotheses that higher rates of jealousy at Time 1 would predict higher rates of IPV at Time 2. In this analysis, combined IPV scores were the within subjects variable;

and couple Jealousy (high, low) was the between subjects variable. In this analysis, results indicated that jealousy at Time 1 was a significant predictor of IPV at Time 2, F(1, 36) = 6.25, p < .05. Figure 2 illustrates the nature of the interaction between Jealousy score (high, low) and IPV scores over time.

Discussion

It was expected that couples who were part of the intervention would have less IPV at Time 2 than couples who were not part of the intervention; this result was statistically significant. Since one of the primary goals of the intervention is improving communication skills between the partners, it could be inferred that lower IPV scores could be related to better communication skills. However, more research is needed in this area to retest this assumption. These findings display the effectiveness of the intervention; additionally, the need to research and implement other preventive interventions for pregnant teens and their partners. It was expected that jealousy would be a significantly related to IPV at Time 2. These results were statistically significant; however, findings were not expected. We did not expect that jealousy would be negatively related to IPV at Time 1 (see Figure 2), and do not fully understand the role of jealousy in adolescent romantic relationships. Future research could continue to examine this factor in adolescent pregnant couples with caution, as only Latino couples were examined in this study. However, there are certain variables which may be seen in all adolescent romantic relationships. For example, jealousy will continue to be present and not fully understood. These findings could assist in the implementation of future preventive interventions.

This study examined Latino populations and did not make direct comparisons to any other groups. This limits the amount of generalizations that can be made to other adolescent groups. Due to a limited time frame, we were only able to work with a limited population size; 82 total participants participated in both the intervention and control. In the actual interview, participants are not asked explicitly whether or not they or their partner is jealous. Jealousy was coded for by listening to participant responses in the things the couple argued about. Asking participants this direct question may or may not have changed responses to the study. The argument could be made that if jealousy questions were asked explicitly this may change the response of the participants. However, we believe that this may not be the case. In the event of this current study, conflict about jealousy and infidelity was brought up by the participants. Often times the interviewer did not need to assist with answer the interview questions. Asking questions of jealousy explicitly will assist in understanding this issue among adolescent relationships.

An original scoring template was created to measure IPV, jealousy, and infidelity among these couples' relationships. Other researchers were involved in testing the reliability of the scoring template. However, as this is an original template more research would need to be conducted to be able to use this as a strong measure.

Future research could continue to examine jealousy among adolescent romantic relationships. Jealousy was defined for the purpose of this study, but clear definition needs to be established. This might be the first step in continuing to examine this issue among adolescent relationships. This preventive intervention was used to examine IPV among Latino couples; future research could examine IPV among other populations (i.e., whites, African Americans). Additionally, this study was conducted in a mostly homogenous area; the majority of the population consisting of whites. Future research might also test this intervention in different geographical areas which are more diverse.

This preventive intervention does seem to have a positive effect on adolescent couples in some regard. Findings indicated that being part of the intervention was related to lower IPV scores over time. This result is very promising; however, more research is needed to examine more closely why this is happening. Having seen that preventive interventions are both needed and beneficial, it is important to keep moving is this direction; and move away from interventions that begin after serious violence has already occurred.

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Table 1. Correlations, Means, and Standard Deviations between Primary Variables

) (GD)					
	Mean (SD)	2	3	4	5	6
1. Age FOB T1	18.83 (2.20)	.353*	071	204	282	167
2. Age MOB T1	16.37 (1.24)		223	097	212	116
3. IPV Combined	1.37 (1.67)			.475*	305	.004
Score T1						
4. IPV Combined	1.00 (1.45)				024	070
	1.00 (1.45)				034	.070
Score T2						
5. Jealousy	.49 (.51)					.420*
Combined Score T1						
(L.C.1.1;	20 (40)					
6. Infidelity	.39 (.49)					
Combined Score T1						

Note. Father of the baby (FOB); and Mother of the baby (MOB). T1 = Time 1; T2 = Time 2.

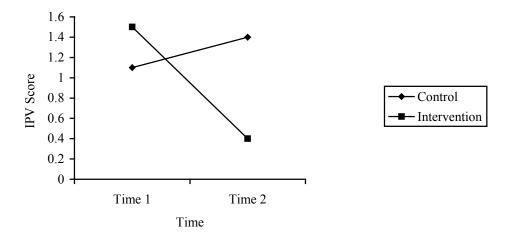


Figure 1. IPV scores by treatment group

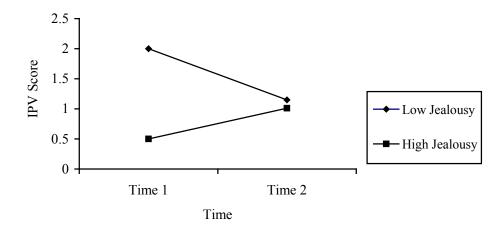


Figure 2. IPV scores paired with jealousy